







RCRA SUBPART H  
LIABILITY INSURANCE  
CHECKLIST

✓ Owner/Operator Name ABEX - IC Industries  
(Legal Representative)

✓ Facility I.D. No. MOD031003767 - ABEX  
Name ABEX Corp  
Address 6600 Ridge Avenue, St. Louis, MO

✓ Insurance Agency/Broker National Union Fire Ins. Co. of Pittsburgh  
Address Northbrook Express & Surplus Ins. Co.  
Allstate Plaza, Northbrook, Ill.

✓ Amount and Type of Coverage Sudden, \$1 mil occur / \$2 mil annual

Sudden (Required for all TSDs - \$1 mil occur/\$2 mil annual) ✓  
Effective Date: 4-1-82  
Expiration Date: \_\_\_\_\_

Non-Sudden (Required for Land Treatment, Surface Impoundment -  
\$3 mil occur/\$6 mil annual)  
Effective Date:  
Jan. 1983  
Jan. 1984  
Jan. 1985  
Expiration Date: \_\_\_\_\_

N/A RCRA Endorsement

✓ RCRA Certificate

✓ Licensed as Excess or Surplus Lines Carrier

State Ill

N/A Financial Test  
\_\_\_\_ Letter from Chief Financial Officer  
\_\_\_\_ Independent CPA's Report on Examination  
\_\_\_\_ Independent CPA's Special Report  
\_\_\_\_ Satisfied Financial Test Criteria

Review Comments

✓ Instruments have identical wording to regulations

✓ Submission adequate per regulations

\_\_\_\_ Letter to Facility to be incorporated with  
Closure Assurance Financial Documents

PMTS Review Complete: M. Green  
DATE: 8/30/82

RCRA SUBPART H  
FINANCIAL REQUIREMENTS  
CHECKLIST

CLOSURE/POST CLOSURE ASSURANCE

✓ Owner/Operator Name  
(Legal Representative) ABEX - IC Industries

✓ Facility I.D. No. MOD031003767

Facility Name ABEX

Facility Address 6600 Ridge Avenue, St. Louis, MO 63133

Cost Estimate Amount \_\_\_\_\_

✓ Financial Instrument Insurance for closure

Financial Party <sup>Notice of Intent</sup> Stewart Mid-America Inc - Chicago, Ill.

Signatures \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Notary/Seals \_\_\_\_\_

SPECIFIC AREAS

Trust Fund

\_\_\_\_\_ Schedule A \_\_\_\_\_

\_\_\_\_\_ Deposit Certification \_\_\_\_\_

\_\_\_\_\_ Anniversary Date \_\_\_\_\_

\_\_\_\_\_ Acknowledgement \_\_\_\_\_

Surety Bonds

\_\_\_\_\_ Verification of Surety Company \_\_\_\_\_

\_\_\_\_\_ Guarantee Bond \_\_\_\_\_

\_\_\_\_\_ Performance Bond \_\_\_\_\_

\_\_\_\_\_ Standby Trust Fund \_\_\_\_\_

Letters of Credit

\_\_\_\_\_ Standby Trust Fund \_\_\_\_\_

Insurance

\_\_\_\_ Certificate Submitted \_\_\_\_\_

Financial Test - Required Items

\_\_\_\_ Letter from Chief Financial Officer \_\_\_\_\_

\_\_\_\_ Independent CPA's Report on Examination \_\_\_\_\_

\_\_\_\_ Independent CPA's Special Report \_\_\_\_\_

\_\_\_\_ Satisfied Financial Test Criteria \_\_\_\_\_

Corporate Guarantee

\_\_\_\_ Financial Test Submissions \_\_\_\_\_

\_\_\_\_ Guarantee Form \_\_\_\_\_

Review Comments

\_\_\_\_ Instruments have identical wording to regulations \_\_\_\_\_

\_\_\_\_ Submission adequate per regulations \_\_\_\_\_

Letter to Facility\_\_\_\_ Adequate Submission *if certif rec'd by 10/6/82 - mg*\_\_\_\_ Deficiency/Request Additional Submission *Cost Estimate*

\_\_\_\_ Comments \_\_\_\_\_

Supplemental/Revised Submission

\_\_\_\_ Received \_\_\_\_\_

\_\_\_\_ Adequate Per Regulations \_\_\_\_\_

File referred to AWCM for action:

PMTS Review Complete: *MAH*Date: *8/30/82*